EF-270-AH-R05-0810-11000063-1 BOE-270-AH REV. 05 (08-10)

## **EXHIBITION EXEMPTION CLAIM**

Glenn County Assessor/Clerk/Recorder 516 W. SYCAMORE ST., 2ND FLOOR

WILLOWS, CA 95988 Phone: (530) 934-6402 FAX: (530) 934-6571

**Sendy Perez** 

## **FROM PROPERTY TAXES**

To receive the full exemption, a claimant must complete and file this form with the Assessor by February 15.

| NAME OF EXHIBITOR  |   |             |   |                      |                                |
|--|---|-------------|---|----------------------|--------------------------------|
| ADDRESS (STREET, CITY, STATE, ZIF  | CODE)   |             |   |                      |                                |
| ADDRESS OF EXHIBITION (STREET,   | BOOTH, ETC.; BE SPECIFIC)  LIST ALL PERSONAL  | PROPERTY FO | R WHICH EX                              | EMPTION IS CLAIMED   | <b>A</b>                       |
| DESCRIPTION  | DATE ENTERED CALIFORNIA   | DATE TAX    | S PAID                                  | AMOUNT OF TAXES PAID | STATE OR COUNTRY IN WHICH PAID |
| 1.   |   |             |   |                      |                                |
| 2.   |   |             |   |                      |                                |
| 3.   |   |             |   |                      |                                |
| 4.   |   |             |   |                      |                                |
| 5.   |   |             |   |                      |                                |
| (c) The property is  | we the property from the states subject to taxation in some country have been paid. | _           | foreign cou                             |                      |                                |
| FOR ASSESSOR'S USE ONLY  |   |             | NAME NAME                               |                      |                                |
|  |   |             | ADDRESS (STREET, CITY, STATE, ZIP CODE) |                      |                                |
| Received by(Assessor's designee)   |   |             |   |                      |                                |
| Of(county or city)   |   |             | DAYTIME PHONE NUMBER                    |                      |                                |
| on(date)   |   |             | E-MAIL ADDRESS                          |                      |                                |
|  |   | CERTIFIC    | ATION                                   |                      |                                |
| I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief. |   |             |   |                      |                                |
| SIGNATURE OF PERSON MAKING CL  | AIM   | ТІТІ        | .E                                      |                      | DATE                           |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

